CHILD

BOYS AND BOOKS GET TOGETHER

Kansas Boys Industrial School uses books in its treatment program

LEITA P. CRAIG

The Boys Industrial School, at Topeka, Kans., operates under the State Board of Social Welfare. This school, which treats boys committed to it by juvenile courts, has in the past 5 years become one of the most outstanding treatment schools for delinquent children in this country. The institution has unusually well-developed clinical and educational services and makes excellent use of community resources.

"BUT BOYS like these wouldn't know what to do with books. They don't read the books the school has now. And they'd only deface new ones." This is what some members of the staff of our industrial school were saying a few years ago, when others of us were trying to get a library established in the school.

"Boys like these," however, are primarily human beings. They have the same needs as other boys, even if they do have some special needs also. It is true that they have been in trouble in their home communities, and that a juvenile court has committed them to a special school. But the purpose of our school is not to segregate a boy and punish him, but to give him special help in solving the problems that led to his trouble. And we who were pushing the library idea felt that a boy who gets opportunities to read and enjoy books might also find some help in them that would contribute toward solving his problems.

By "help" we did not mean moral lessons spelled out as such, but something more or less intangible, something that we couldn't quite explain. Perhaps we felt that part of the help the boys might get would be in the direction of restoring their self-esteem, which had been so badly damaged by their experiences.

We knew of the many fine books that are fun to read and at the same time suggest high standards of conduct — books that place service above self, and demonstrate the value of good citizenship and good family life.

Some of us realized, perhaps vaguely, that the boys would find some respite from thinking about their present trouble through interest in the great world that they would discover through reading.

And we knew that reading would open new windows to these boys, who had mostly very narrow, disadvantaged lives, and would broaden their knowledge and their interests. We did not plan to encourage the boys to be bookworms, but rather to gain a taste of the richness of life.

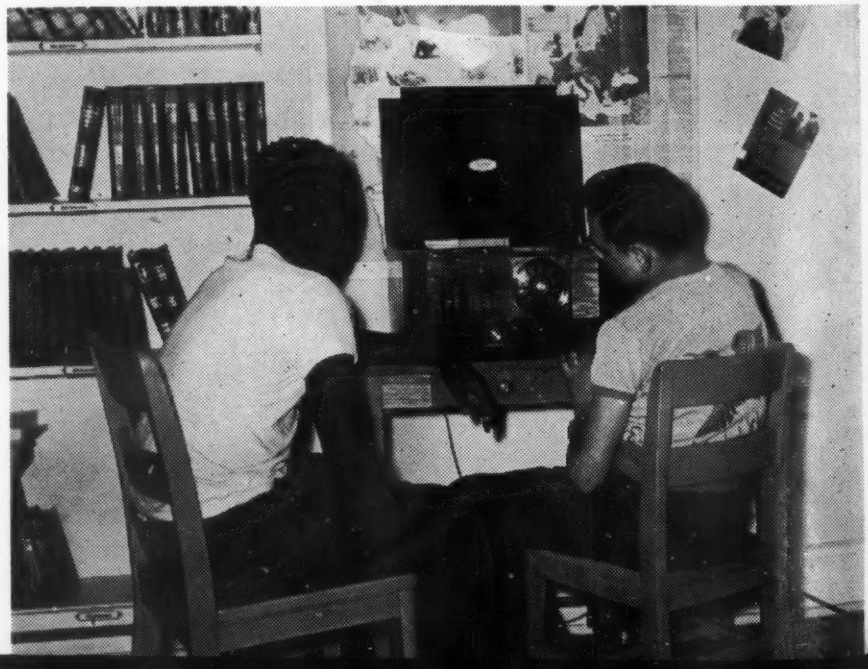
We who were urging books as a form of treatment won our point, and as soon as we could form a book committee, we set out to place some books in each of the four cottages where the boys live. Later, we were to establish a central library in the main school building.

The undertaking was a cooperative one; teachers, houseparents, and other staff members took part, as well as some outside friends who gave us not only books and money, but their time. We appreciated greatly the invaluable help we received from the book consultant for the Kansas State Teachers Association. And, best of all, the boys themselves joined in with suggestions.

We start virtually from scratch

Even before we began our drive for bringing books into our treatment program, we had taken stock of the books already in the cottages. It was true, as some staff members had said, that the boys rarely touched a book from the school shelves. And no wonder! For those dreary books in no way matched the needs and interests of the boys, nor their reading levels. The fine print alone would repel almost anyone, and books without

Listening to a recorded story is likely to lead a boy to get the book and read it for himself.



pictures simply don't attract youngsters.

So we discarded most of the books, and put bright jackets on the few we kept. The shelves were now somewhat bare. But we believed, correctly, that when we got new books they would attract possible readers more if they were not buried among books that the boys had already rejected.

The next step was to consult the boys about the kinds of books they wanted. The universal answer was "Dog stories and horse stories," with mystery tales a close third. No one mentioned comic books, but we guessed that this was only because the boys expected that we would frown upon these. And so we made a special point of buying some comics; of course we examined them carefully before buying. Later, the boys asked for wild-animal stories, adventure books, stories of knights, sports, railroads, and similar masculine subjects. A few boys demanded "stories from real life," and so we selected biographies written for boys of different ages.

Boys take the book program seriously

In each of the cottages we set up a reading room, refurnished it so that it now looks cheerful and attractive, and installed a basic collection of books for the boys to live with. In addition to these basic books four collections of 75 to 100 books each were planned to rotate among the cottages, so as to bring more books to more boys. Incidentally, about 2 years later, when the central library was functioning, our staff committee thought that the rotating was no longer needed, and that the rotating books in each cottage might as well become the property of the cottages. At that point, however, the advisory council representing the boys told us that they did not agree with us that the rotating of books should be abandoned. The issue is still pending, and we believe that the strong position taken by the boys' representatives shows how seriously they are taking the book program.

In the cottage dormitories boys tuck away favorite stories for prebedtime reading. And houseparents find that they are able to prevent some roughhouse at bedtime by reading stories aloud.

About a year after the reading rooms were set up in the cottages we were able to establish the central library.

When a new boy is taken to visit the library as part of his orientation, he may be surprised to see a colorful, inviting room, with a carpeted floor, comfortable chairs, reading lights, and gay drapes. He is likely to find the librarian surrounded by several boys, enjoying a read-aloud time. Or, over in a corner, he may see one boy reading to another. Always there are several boys listening to story records. It is not unusual to see a boy stretched out on the floor, reading, as boys often do at home.

The books are arranged by subject, so that it is easy for a boy to find what he wants. He might not look through a whole section to find a dog story, for example, but he will go right to the shelf labeled "Dog Stories," and choose one.

Some of the boys may never become readers, but many can enjoy a "read-aloud time."

Our books cover a wide range

Since the mentality of the boys ranges from very low to fairly high, books have been selected so that every boy may find something to please him. There are picture books intended for boys who are unable to learn to read, and there are books suited for boys of all reading levels, including senior high school.

When I say that we have picture books for youngsters who can't learn to read, this doesn't mean that the brighter boys don't like picture books; they do. And they keep up with the comics. And nearly all the boys enjoy listening to somebody reading aloud, whether on a record or face to face. Listening to reading aloud has opened a new world to many.

On one occasion Bobby, who is feeble-minded, demanded and obtained the opportunity for a special interview with his social case worker. As she sat with him, waiting

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to hear his problem, Bobby pulled a book out of his shirt and asked her to read to him. Since then he has had a weekly appointment with the worker, at which she reads to him from a book that he chooses.

Once the librarian noticed 10-year-old Jimmy, a colored youngster, examining the books. She knew he could read; but apparently he couldn't find any book that he wanted. She talked with him about various types of books, and offered him horse stories, dog stories, and others; but he refused them all. Finally he looked up at her, smiled shyly, and said: "I would like stories about little colored b o y s." Unfortunately, no such books were then at hand, but the library committee soon was able to place some on the shelves. After that Jimmy became a regular book borrower. And a few weeks after his first conversation with the librarian he confided to her, "I like books; they are my friends."

We find, every now and then, that a boy with a personal problem is helped by reading a story of someone with a similar problem, who is able to face it and work out a solution. George, for example, who was worried because he thought he was too fat, discovered in the library a story of a boy who could never do anything really well because he was fat and clumsy. The story of how the boy in the book faced this problem and "came through" helped George, just as it helps any of us with problems to know that we are not unique.

Come to the fair!

For the past 4 years the boys have invited parents and friends to an annual book festival, which lasts 3 days. The festival centers around an exhibit of the latest good literature for children and young people, which is brought to the school by the book consultant for the State teachers' association. Social events, such as a watermelon feed, add more fun. Last summer the kickoff for the festival was an old-fashioned outdoor ice-cream social—complete with home-baked cakes and, of course, a drenching rain.

As **The Child** goes to press, we are holding our fourth annual book mestival, scheduled for last summer, but postponed on account of flood conditions.

Committees of boys help to make plans for the festival and to carry them out. They unpack the books and help arrange the exhibit. And many a boy has found his most profitable introduction to books while he was helping prepare an exhibit.

During the festival the boys, besides acting as hosts, browse among the new books and listen to stories read aloud. They see original drawings that have been used in book illustrations. They examine dummies showing steps in publishing. They hear new story records. All this leads to a lot of book talk and book fun.

Hobbies encouraged

At one festival the exhibit focused on hobby books; and two teen-age boys from a neighboring town gave a magic show. Another year biography was featured, along with sports; and Glenn Cunningham, the famous mile runner, whose life story had been read by many of the boys, came to the festival.

As another step in linking books with real people, we encourage the boys in writing to their favorite authors. Many authors send the boys their photographs, and some send autographed books as well. A special corner of the school library has been set aside for these treasures. Eight authors have visited the school in connection with the book festivals.

The teachers have been the key persons in leading the boys toward wanting to read. Most of us know from our own experience how a teacher can arouse a pupil's interest in a book by telling incidents from it, showing pictures connected with it, and reading a chapter aloud. Our teachers arouse the boys' interest in books about people and places connected with their studies. They initiate book games and riddles, and they join the boys in putting up posters and other display material concerning books.

The book committee is constantly on the alert for material that is on a low reading level but is of high interest value. Thus we have a special collection of books that are attractive to some of our teen-age boys whose ability to read is that of most boys in the third or fourth school grade.

Another special collection includes books to entertain boys who are ill in the school infirmary or the city hospital. A social worker, or a houseparent, or a teacher takes some books to the patient — picture books, pop-ups, and quiz books, as well as riddles, games, and "things to do." And the staff member usually joins in the fun.

When it is necessary to place an extremely hostile boy in seclusion, for his own and others' safety, one of the staff visits the boy in the security room and asks him what materials he would like to have. Sometimes the boy asks for drawing materials, but more often he asks for books. And we are not afraid to lend even the choicest books.

More and more frequently the clinical staff is able to make recommendations for books to meet a specific boy's needs. Robert, a very depressed boy, enjoyed his orientation periods in the school library very much. The library was the one thing about the school that suited him! At the clinical staff conference for Robert the psychiatrist recommended that Robert should read books about other people who had suffered.

When selecting books for the library, our committee has learned to keep in mind some factors that experience has pointed out to us.

Book must be suited to boy

First of all, we try to select a book not only because it is good in itself, but also because it is suited to the intelligence, the reading level, the interests, and the needs of some of our boys. Since we usually have about 150 boys in the school, and the ages range from 8 to 18, we need a wide variety of books.

As a rule the books must be short. Our boys usually have a small at-

tention span and a strong underlying anxiety, and they simply cannot wade through a long book. And to hold their attention a book must be attractive, with clear print and good illustrations.

As their interests widen

Again, we try to place books in the library that reach not only the interests that the boys have now, but also books that they will want as their world enlarges. In other words, we take a boy by the hand and lead him as far as possible up the road to more and more desirable reading interests.

Boys and books seem to hit it off together in the library of the state school for delinquents.

Very important — we let the boys do a great deal of selecting, themselves. We keep a "suggestion book" open on the librarian's desk and encourage the boys to write their suggestions in it. We post book lists so that any boy can look for book titles that attract him. And the annual book festival gives us all a chance to know about the latest books.

We feel that if books are to fulfill their part in our treatment plan, we must not set up any artificial barriers between the books and the boys. Getting the boys and the books together calls for open bookshelves, informal and usable arrangement of books, and a minimum of red tape in borrowing them.

Then, the book program must be a continuing one, constantly up to date. It needs to have a definite place in the school budget and new books should be bought regularly. This in itself is stimulating. And fulfilling the boys' requests for books is tremendously important, not only in giving each one the opportunity to read the books he feels a need for, but in giving him the feeling that we recognize his choice as important.

As for the stories in the books, the boys have shown us clearly what they want.

Action, action, and more action

Most of them want to read about aggressive characters. Psychiatrists tell us that this is because the boys feel so much underlying aggression and because they can identify themselves with these characters and thus gain some relief from their own feelings.

They like to read about danger. Their volcanoes must be erupting; their animals fighting.

We find that stories about poor boys who made good are popular. Maybe our boys see a ray of hope for themselves in these successes.

Certain boys want stories so far removed from any life they know that they cannot possibly identify themselves with the characters. Some of the most disturbed boys feel this way. They don't want to read about present-day characters; instead, they devote themselves to stories of the Middle Ages, "when knights were bold." However, some of the boys who like this kind of story have other reasons. One youngster, telling us about one of these stories, said of a character named Philip: "I like to read about Philip because he was a toughie before he became a knight." Then he added, "I wish it had told more about him when he was a toughie."

The call of the West is very strong. All the boys enjoy Westerns. Perhaps they need these as vicarious outlets for their energies.

Stories of pet animals are well liked, probably because they substitute for the joy of actually having pets.

And writing, too

As a result of their interest in books some of the youngsters have been writing stories. One 12-year-old, Charles, wrote a story, "The Little Black Chick," which was really the story of his life and had psychiatric significance. His friend James illustrated it, and they typed the manuscript and bound it. One class has been formed of boys who are writing for the school paper. Through this project, several staff members have become interested in writing and have joined adult writing groups in the city.

Reading has led to interest in plays, art, and music. When a local junior high school put on "Tom Sawyer," many of our boys went, in our school bus, to see it. Our art classes make book posters and illustrations. We notice that when a story record includes music the boys like it especially, and so we are planning to buy music records.

The librarian tells us that an average of 50 books are checked out

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STATES IMPROVE MCH AND CC PROGRAMS

MARTHA M. ELIOT, M.D.
Chief, Children's Bureau

SIXTEEN YEARS have passed since Congress enacted the Social Security Act, establishing the responsibility of the Federal Government to help States and communities extend and improve their maternal and child-welfare services. In that period these programs have reached a stage of maturity that can give us all encouragement. There has been steady advance in the use of local, State, and Federal resources to establish new types of maternal and child-health and crippled children's programs. Funds have been used to extend existing services, to evaluate going programs, and to study new methods of organization to the end that new knowledge of medical care may be translated into action and more children in the smaller communities reached.

We could do better

To save more babies we shall have to work on many fronts. The health officer and his staff of nurses and sanitarians will need the help of such special workers as health-education specialists, medical social workers and child-welfare workers, teachers, economists, and social scientists.

Then there are the problems of premature births and fetal deaths. Many State health departments are providing special training for nurses and doctors in the care of prematurely born infants. They are setting up special premature units in hospitals and financing the medical and nursing care of "preemies." But causes of death associated with premature birth are still responsible for a third of the deaths occurring in the first year of life.

A pilot study of the mortality of premature infants under different types of care is now going on in Maryland. Research is also being carried out jointly by the Departments of Pediatrics and Obstetrics of the University of Colorado Medical School in this field. Much more research is needed if we are to get at the causes of premature birth and fetal death and therefore to be better able to prevent them. We already know from studies that mothers who have good diets during pregnancy have fewer premature deliveries than mothers who have poor diets. But without waiting for the new facts that research will bring forth, more and better prenatal care should be given to mothers, and special attention be given to adequate nutrition.

It is good to know that in 1950 only 7 mothers died in childbirth for every 10,000 live births, compared with 58 in 1939. But mere survival is not all that we want for mothers. Every mother should come through her maternity experience with abounding health, both physical and emotional.

The great reduction, since the last war, in the number of days that mothers stay in hospitals raises some new problems. What happens to mothers who go back to their housework 3 or 4 days after delivery? This is something that needs study. Should we not examine our maternity facilities and see if they are as simple and flexible as is compatible with maternity care of high quality?

Much needs to be done, too, to improve standards of care in maternity and children's hospitals. Hospital practices contribute positively to the mother's and the child's emotional as well as physical health. Hospitals may need help in understanding the emotional needs of mothers and children so that barriers to the normal mother-child relationship and to normal child development are not unwittingly established Shortages of personnel may force hospitals to consider simpler—and perhaps in the long run more satisfactory — care for mother and baby.

There is reason to believe that the standards and recommendations for care of newborn infants in hospitals, originally produced by the Children's Bureau and later revised and issued by the American Academy of Pediatrics, have been helpful to States in encouraging hospitals to improve conditions in their nurseries. At present the Children's Bureau is working with the American Academy of Pediatrics on a companion bulletin dealing with the pediatric units in general hospitals.

What about the child-health conference?

For many years one of the major tools of the maternal and child-health program has been the child-health conference. Its original purpose was, of course, to reduce infant mortality. Today, with the great reduction in infant mortality and the change in emphasis that has taken place in child-health programs, the work of the child-health conference is directed more toward helping parents with normal everyday problems in the growth and development of their children. It is time we should ask whether the child-health conference is still an effective tool for this purpose. Does it need revamping? What staffing is desirable today? These are things that need study. In the meantime the Children's Bureau has been cooperating with the Child Health Committee of the American Public Health Association on a manual bringing together what is known about good practice today.

In recent years much progress has been made in evaluating health services for the child of school age, both those within the school itself and those provided by the community. The draft for military service and the discussions on uni-

versal military training have again focused attention on the shortcomings of health and medical services provided for young people of secondary-school age. We are reminded of the lessons learned from the Public Health Service studies of children of school age in Hagerstown, Md., and the findings of the examinations of certain of these same people when drafted for World War II. Similar projects undertaken in other States in different ways and under a variety of conditions would add immeasurably to our knowledge of how to meet the health needs of school-age children.

The new statement sponsored jointly by the National Council of Chief State School Officers and the Association of State and Territorial Health Officers on "Responsibilities of State Departments of Education and Health for School Health Services" will help to focus attention on how these services can go forward. The Federal Security Agency Committee on Health Services for School-age Children, on which the Public Health Service, the Office of Education, and the Children's Bureau are represented, is about to issue a publication called "Better Health for School-age Children." It includes practical suggestions on how communities can figure out for themselves which things most need doing.

As communities give more careful and inclusive consideration to day-care centers for children of working mothers, foster-family care, adoption service, institutional care, services for juvenile delinquents, they find that health services and medical care are essential to well-rounded programs in these fields. State and local health agencies are cooperating increasingly with State and local education and welfare agencies, with State youth authorities, and with law-enforcement agencies such as juvenile courts, on the physical- and mental-health aspects of their programs. But only a beginning has been made. In many institutions for children, including training schools for delinquent boys or girls, health services are inadequately provided.

In this connection may I remind you that Federal-State funds for maternal- and child-health and crippled children's services may be used to assist other State and local agencies in developing adequate health and medical services for children and young people coming within their scope. Under the recently enacted Defense Housing and Community Facilities and Services Act, day-care centers for children of working mothers may be aided by Federal funds if and when such funds are appropriated. Of course maternal and child-health funds can be used at this time to provide the health services required for day-care centers, and indeed for any maternity or child-health service required in communities affected by either industrial or military defense activities.

Public and private agencies join hands

Undoubtedly the Midcentury White House Conference on Children and Youth did much to stimulate widespread consideration of the multiprofessional approach to the needs of children and increased cooperation among public and voluntary agencies. In many States committees on children and youth will continue to provide the opportunity for such joint planning. State and local health agencies can do much to stimulate the work of these committees.

With respect to the State programs for care of crippled children, the improvements are of many kinds. Altogether 215,000 children were cared for in 1950, an increase of 18 percent over the number the year before. Although children with orthopedic conditions still make up a large proportion of the total number treated under the State programs, it is heartening to see the way State agencies are broadening their programs beyond orthopedic services to include care for children with many different kinds of handicapping conditions.

Epileptic children are among the most recent to be included in crippled children's programs. Services for them offer a very good example of the importance of close teamwork between health services and the community. Diagnosis and treatment to control seizures are only part of the help an epileptic child needs. It is just as important that the community open its doors to him so that he can have the same chance for development other children have. Too often the epileptic child is treated as an outcast. To develop better community understanding and to train more workers in this field, two State agencies are assisting medical schools in providing courses for physicians, nurses, social workers, and others. As workers are trained, services for epileptic children can expand.

Some States are doing fine things for children with impaired hearing. So much can be done for these children now that was never possible before! Already a few States are assisting universities to train more audiologists. Techniques of diagnosis in children as young as 1 and 2 years of age have improved enormously. Various drugs and antibiotics can now be used to prevent permanent damage in many children with nose, throat, and ear infections. Hearing aids can be adjusted for children even 2 and 3 years old. Here is an opportunity for maternal- and child-health and crippled children's programs that is exciting.

A vast majority of the 175,000 children with cerebral palsy can benefit enormously from skilled help, but only a fraction are getting it. The kind of help they should have is medical, social, psychological, and educational. About a dozen State agencies have developed comprehensive programs for these children, usually geographically limited, including physician's

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Excerpted from a paper given at the annual conference of the Surgeon General of the Public Health Service and the Chief of the Children's Bureau with the Association of State and Territorial Health Officers, State Mental Health Authorities, and State Hospital Survey and Construction Authorities, November 26, 1951, held at Washington.

care; physical, occupational, and speech therapy; medical social services; public-health nursing; and special teaching arrangements. Comprehensive programs such as these are needed in other States.

At present 26 State health departments and crippled children's agencies have programs for the care of children with rheumatic fever. In most cases these programs were organized to demonstrate desirable kinds of care and to reach children in limited areas only. In a few cases State funds have been used to expand the program on a Statewide basis. Chemotherapy and antibiotics hold great promise of reducing the number of recurrent attacks and deaths from this disease. It is possible that the development of ACTH and cortisone treatment may change the whole pattern of therapy. But despite these advances in therapy, rheumatic fever is still a serious threat to children; it still stands highest among diseases causing the death of children of school age. The fact that so many States have undertaken to demonstrate care shows how wide the interest is. It is now the policy of the Children's Bureau to withdraw gradually the funds especially reserved for these programs. However, it is hoped that States having these projects will carry them on and expand them by seeking State funds as well as by using some of their regular Federal funds.

New methods of diagnosis and treatment are being developed on all sides. One such development in the field of congenital heart disease offers the hope of health and life itself to many children. But not every State has the highly trained specialists needed to give this care. In order to give this care now to children in such States, the sensible solution is to set up regional programs so that States without facilities can refer their children to an outstanding center in a nearby State. This is now being done. Connecticut has set up the machinery for the first of such regional programs. California will probably be next. When the Nationwide planning is complete there should be five or six such regional programs strategically placed so that children with congenital heart disease in every State in the Union may have access to specialized diagnosis and surgery.

This device of pooling resources on a regional basis has large promise, too, for the care of children with other types of handicaps which call for highly skilled treatment such as cleft lip and cleft palate. It also has great significance for other types of regional planning. For example, establishment and use of education and training programs, the sharing of special consultants, and the use of special diagnostic and treatment facilities by two or three States. Such pooling of resources would mean that individual States would not have to maintain separate facilities and services that are uneconomical and possibly inferior in quality.

To find and train workers

Cutting across all phases of both the maternal- and child-health and crippled children's programs is the question of recruiting and training more and better personnel. This, I believe, is the number one problem in advancing child-health work. It is both a long-range one and an immediate one.

The types of professional and technical personnel required for the basic maternal- and child-health program and for the many different kinds of special services that are desirable if a well-rounded program is to be provided are varied. Acquiring such skills often calls for many months or even years of special training. All workers need periodic refreshment and time to catch up with the newer knowledge and skills in their special fields.

Extraordinary progress has been made in the last decade in providing training for physicians in maternal- and child-health work by some schools of public health, and in pediatric and maternity nursing by a number of schools of nursing. Special opportunities have been made available for training in highly specialized clinical and health fields, such as audiology, the treatment of rheumatic fever and congenital heart disease, the care of premature infants, epilepsy, and cerebral palsy. But still there is a great shortage of physicians to administer maternal- and child-health and crippled children's programs—physicians who have both clinical and public-health training. There is a shortage, too, of many other workers who are needed in children's programs, such as specially prepared pediatric and maternity nurses, medical social workers, and nutritionists.

We need a long-range plan of work with universities and colleges, with schools of medicine, nursing, and social work, to recruit personnel to enter the child-health field. Joint planning between undergraduate and graduate schools is necessary. Undergraduate curricula should be developed to attract new students to prepare themselves for graduate work. Economic, racial, and sex barriers will have to be broken down. Pay and working conditions will have to be made more attractive. More funds will have to be made available to enable educational institutions to strengthen their faculties with competent teachers in maternal and child health and in the related fields of nursing, medical social work, nutrition, health education, and the social sciences.

Training programs should be flexible

Professional schools are realizing the need for including instruction on child growth and development to give workers the newer concepts of physical, mental, and social health. New recruits to the field of child health must be as sensitive to the emotional needs of children as they are to their physical management. If the States want a well-trained and experienced child-health staff, serious attention will have to be given to ways and means of further strengthening educational institutions and of increasing the flexibility of training programs provided from funds for maternal- and

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WHILE A CHILD STAYS IN A FOSTER-FAMILY HOME

The agency that places him helps him, his parents, and his foster parents

ELIZABETH K. RADINSKY

THEY COME—not always one by one—these children who cannot stay where they are when we first see them. They must have substitute homes. Placing a child in foster care affords him at best only a substitute setting for his growth and development. We cannot make up to the child for the loss of his own home, or to the parents for the loss of some of their parental responsibilities and satisfactions — that we know. How, then, can our case-work service help child and parents?

For better parent-child relations

The child in foster care is helped to grow and develop normally in an atmosphere of understanding, affection, and wise discipline. At the same time he is helped to keep all that is beneficial in his relations with his own parents. Every effort is made to give him the right setting for working out his difficulties and for enjoying a child's usual activities with other children.

The parents are helped to develop the satisfying relations with their child that are natural between parents and children. While they are learning what it is to be responsible for the well-being of their child, they are letting him benefit from living in a foster-family home. From the records of the stream of children that flows constantly to our agency I am choosing the stories of four boys to try to give you an idea of our services to the many. But first I want to discuss the principles underlying the work of our agency. These principles are the same for all the children in our care, but the services are moulded to the situation and the needs of each child.

Our aim is to help each child get back to his own family as soon as it is beneficial for him to go. How long this will take cannot be predicted when we make the placement. Some parents ask to have their children placed in order to gain a brief respite — a chance to get on their feet. But for other children there is no foreseeable end of placement. For each child the agency must determine whether foster-family care is what is best for him and also for his parents.

Parents come to our "intake unit" to discuss their difficulties or to ask for foster care for their children. One of our social case workers helps the parents to arrive at a decision about whether or not to let their child be placed in foster care for a while. If they decide that the child should be placed, the parents receive case-work service throughout the placement, and the child is away from them only long enough for them to bring about the change necessary to make a good home.

There are two aspects to placing a child in another family's home when he cannot stay with his own parents — his physical care and the case-work service we give to him and to his parents and to his foster parents.

We have a program of medical care, for example, carried out through our own clinic. The agen-

A child whose own home has been broken up may find in a foster-family home an opportunity to grow and develop in an atmosphere of understanding, affection, and wise discipline.

cy physician directs this service, of course. It is the case worker, however, who sees that the child and the foster parents make the best possible use of the medical service. She notices evidence on the part of any of the persons concerned of lack of response to doctor's orders, or of anxieties about health or illness that may be signals for case-work help.

Special case-work help needed

To clothe the boy or girl suitably is the agency's responsibility. Dissatisfaction with the clothing provided is frequently a symptom of dissatisfaction with the placement of the child in foster care. If so, it is a major signal for case-work help.

We have gradually increased our psychiatric service for children. The persons connected with a child in foster care, however, cannot make the most of this service without the help of a case worker. Psychotherapy may arouse a great deal of feeling, not only in the child but in his parents. The foster family, too, may question its own adequacy to serve a child who they know is receiving psychiatric service. The case worker attempts to understand the feeling of each about the service and to help each one accordingly.

The agency has learned how important it is for most of the children it places to be able to join social groups, and so we arrange for it. Many have profited greatly from being a member of a community center, a boy-scout troop, a drawing or a dancing class. After the worker makes sure of the cooperation of the parents and foster parents, she prepares the child for this new experience and arranges for him to go to the meetings. She also works with the leader of the group to make the child's membership benefit him as much as possible.

School vacations may offer an opportunity for a foster child to get helpful new experiences. Going to camp for the summer or by the day is a valuable experience for many of these disturbed children. For one it is perhaps just a good social experience; for another it means the advantage of a brief separation from overprotective foster parents. Still another child learns to assume more responsibility or to take an interest in children of his own age.

For many of our little children of the 3–5 age, especially the extremely hyperactive, disorganized, confused ones, going to nursery school has been an extremely beneficial experience. Then, too, the burden of care on the foster mother, so great with some of these children, is lessened by the child's going to nursery school.

We have expanded our tutoring programs for individual children of school age whose emotional upset has disturbed their ability to learn as normal children do. These educational programs are very costly, but the results have convinced us that the expenditure is worth making.

Those are the principles on which our agency operates in helping the parent and the child benefit from foster care. Two examples may show you how we put these principles into practice.

Johnny's mother died just after his fourth birthday. Six months later his father came to our agency asking us to find a place for the boy. Mr. R explained that the little boy had been living with an aunt since his mother's death but now the aunt was ill.

The father tried to explain his haste for placement by saying that he would make a home for Johnny as soon as he remarried. But he was obviously so grief-stricken over his wife's death that the worker thought this was just talk to gain time.

After the boy was safely in an emergency shelter home, the father was reluctant to return to our agency to arrange for a more suitable placement for his son. When he did come, he seemed unable to face the fact that he had to consider a long-term plan for Johnny. He acknowledged that he had no one in mind to marry — that taking a new wife was impossible for him to think of. He resisted the idea of placing the boy in a foster-family home, apparently fearing that he would lose his son to the foster parents.

The worker explained to the father that the agency believed that full-time care in a group was not good for a child as young as Johnny. She appreciated his anxiety but helped him to understand, in turn, the agency's desire to safeguard and nourish the close ties between him and his son. However, the worker explained, Johnny would need his help and the agency's to become rooted enough where he lived to be able to benefit from what a foster family could offer him. His father would have to approve of the foster parents and of Johnny's living with them if Johnny was to feel sure of their interest in him, of their authority over him, and of their responsibility to give him good care. Johnny was not likely to feel this security if, when his father came to see him, the father seemed anxious about their separation.

It takes time

The case worker knew that at first Mr. R actually feared the agency. Confidence in us and reliance on our judgment would develop, we hoped, in the course of time as we worked with Mr. R for Johnny's good.

The first time the worker went to see Johnny at the shelter home, she arranged for his father to be there to introduce her to the little boy. The worker and the father planned together in Johnny's presence for the worker's next meeting

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with Johnny, when she and Mr. R would take him to his new home with foster parents. The worker helped Mr. R tell Johnny that he would visit him there in 9 days, after Johnny had had a chance to get acquainted with the foster family.

During these 9 days, anxious ones for the father, the case worker kept in touch with him, and at regular intervals after that. These interviews gave him a chance to discuss anything that came up about his son's placement and how he felt about it.

Johnny acts up

At the same time the case worker was in close touch with the foster mother. There were two little girls in the family, one older than Johnny and one younger. The first 10 weeks of the boy's stay were extremely difficult for everyone in the family. The foster parents, who were having their first experience with someone else's child, found it wearing to listen to Johnny's constant talk of the house his father was building so that he could take Johnny home to live with him. The child tried their patience in many ways — especially when he deliberately broke his toys and tore his clothing. The worker urged the foster parents to keep on being patient with him, giving time a chance.

As the father grew to believe that family care was right for Johnny the little boy seemed to sense this and his own feelings began to change. He became less destructive and began to show affection. From then on the case worker's job was simpler. It is always easier to help foster parents when the foster child is responsive to their care of him.

It took 6 months for Johnny to settle down in his new home. Just then his father told the worker that he was thinking seriously of getting married. This time he really meant it, he said, and seemed very happy about it. He thought the girl would be a good mother to Johnny.

After the wedding was over, the case worker helped the father and his new wife plan for Johnny's return. She also helped the foster parents with their part in preparing the little boy for the change. For 3 months she worked to make sure that living in a different home would not interrupt the progress Johnny was making. After 9 months in the agency's care, Johnny went home.

It was fortunate that we had on our list this particular home for Johnny. Even so, as I have said, in a way the agency created it for him. The foster mother did have great difficulty with him at first but was able to bear his behavior when she felt sure that the agency knew that the little boy's difficulties had no connection with the kind of care he was getting. Relieved of this anxiety, the foster mother was able to show her natural affection for Johnny even while she was trying to set limits to his destructive activities. Other painful times were eased for the foster mother because the worker managed to get over to her full recognition of her achievement — how much she had helped the little boy. Together, all who were in close touch with the boy made it possible for him to go home able to fit smoothly into his new life.

Then a happy ending

This was a comparatively simple piece of work for the agency but a rewarding one, because the father finally recognized so clearly the value of the service to him. During one of the last interviews Mr. R said that, looking back on the year, he saw it was "a terrible but also a wonderful chapter of his life" that was closing. He realized that if he had persisted in his early determination not to place Johnny he could never have pulled himself together. The quality of Mr. R's parenthood, it is clear, was a very significant factor in the success of the placement.

In telling of Johnny's placement, a short and simple one, I have attempted to show something of case work in foster-family care. In the story of the L family, which follows, I can show very little of the case work because of the many complexities the agency had to meet during the 7 years of service. These three boys could not return to their own home because their father and mother did not grow to be even reasonably good parents to them. The principles of the work in both instances were the same but the details were very different.

Leonard was 9½ and the twins, Harold and Benjy, were 3½ when our agency first knew them. Their parents approved of it; though each a suitable home in spite of a family agency's efforts to help them. Now the mother was on the verge of a breakdown, and foster care for the children was imperative. Both parents approved of it; though each was violently blaming the other for making it necessary "to put the children away." The father was bitter toward his wife for her obvious neglect of the children, because the same thing — a broken home — had happened to him in his own childhood. He regretted it for his sons. His wife blamed him for the meagerness of his earnings, and each accused the other of infidelity. Neither parent seemed to understand what their sons needed in the way of physical care or of parental affection.

The boys showed evidence of severe physical neglect. We were fortunate in being able to place them with foster parents who knew how to work with us in clearing up serious eye infections, chronic coughs, and malnutrition. They could be patient with the children's habits of wetting and soiling themselves and with their violent quarrels. They could even bear the parents' frequent visits, although the children became uncontrollable after seeing either of them.

Our case worker saw each of the parents separately at regular intervals. She was trying to help them understand what children need from their parents. She started by trying to get the father and mother to stop deriding each other to the children and checking up on each other's conduct by asking the chil-

dren questions. She made little headway with this or with trying to limit the parents' visits to regular times.

After 9 months in the foster home the children showed impressive physical gains, except that the twins did not learn bladder control. But they quarreled incessantly. If anyone showed special attention to one, the reaction of the other two was violent. Yet they clung together in such a way that neither the case worker nor the foster parents could get close to any of them.

Through summer day-camp activities a foster child may gain experiences that he needs.

When, the second summer, the foster mother decided to go away on a long visit, the boys would have had to be placed in another home for that length of time. The agency decided to find two new homes, separating the twins from Leonard, who seemed to be the leader in the fighting.

Leonard seemed relieved when the worker discussed this suggestion with him and readily agreed to it. The parents thought well of the plan. Two homes were found near enough to each other so that the brothers could keep in close touch.

But Harold and Benjy continued to quarrel. So, after careful review, we decided to separate them. Benjy was the favorite in the neighborhood; this disturbed Harold. He would wander away from home and stay for hours, causing much worry, excitement, and trouble. When we talked to the twins about separating them — each to be in his own foster home — Harold was eager to leave but Benjy did not want him to go. However, when we took the responsibility of separating them and carried it out, Benjy was not disturbed. For 3 years now the twins have been in different homes and Leonard has been in his separate home for 6 years.

Leonard is now 16 and the twins are almost 11. During their years of foster-home care all 3 boys have shared 4 workers. The parents were not willing to relinquish the children for adoption and yet were not able to change so that they could create a stable environment in which their children could grow and develop in a healthy way. Yet the children obviously need both their parents and want to continue to be in touch with them.

Service to these children has taken a prodigious amount of their case worker's time. The twins have needed a great deal of medical attention. All three have had difficulty in school. The worker has had many conferences with our psychologist and our psychiatrist and the school authorities. She has worked with the four sets of foster parents. For example, Harold had to be tutored, the psychologist and the psychiatrist decided, to overcome a reading difficulty that made him hate school. When a tutor was selected, the worker found that Harold's foster father did not like it. He felt that bringing a psychiatrist, a psychologist, and a tutor into the picture reflected on him. Surely the agency must doubt his ability to help the boy. To get around this difficulty, the worker changed the plan; Harold's foster father did the tutoring.

Foster parents find some satisfaction

None of the workers has succeeded in helping the parents to seek some kind of therapy for themselves. We work with them within their limits, holding them to meagre responsibilities so they will not drift away from their sons. Leonard, Harold, and Benjy have been helped. Many of their behavior difficulties — serious at first—have lessened. Each boy has made a definite place for himself with his foster family. Benjy is the most responsive. Leonard and Harold too have foster parents who are fond of them, but the boys are unable to return the affection that they receive. The families are frustrated by the boys' indifference and their inability to accept the place in the family circle that could be theirs. The worker has helped the foster parents overcome their disappointment by finding satisfaction, instead, in what they have been able to achieve for the boys.

The worker has helped the three foster families take part in making

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BOYS AND BOOKS

(Continued from page 101)

each week. (This is in addition to the books read in the cottages.) An average of 12 boys take part in the evening library periods. And all day long boys can be seen in the library finding material for their classroom work or reading for pleasure."

Interested people have asked us how much the library program has helped to improve the boys' ability to read and to understand what they read. Of course, we really don't know the answer to that question, for the boys do not remain at the school long enough to take standard achievement tests repeatedly. (The average stay is 11 months.) In general their reading does show improvement, even though we do not attempt to attribute this specifically to the library program.

Books take part in treatment

One of the greatest values in the book program as part of the school's treatment plan for the boys is that often a book is shared with a staff member, and this forms a bond between child and adult — a common interest. We find that this understanding between the boy and a person of an older age group is a definite step in the direction of success in solving the boy's personality problems. When a boy talks about books with his therapist, his social worker, or his houseparent, a common meeting ground has been discovered.

We have made a special effort to use the book program as a strengthening factor in the tie between the school and the city where it is located. We have invited children and teachers from neighboring schools and other persons in the community who are interested in books to join with us in special book activities, and we feel that this is a step toward preparing our boys to return successfully to their own communities.

The book program began as an adventure, but after 4 years we look upon it as a strong contribution to the school's treatment program for the boys. And the boys look upon it as fun.

Here are some of the book lists from which our committee and our boys together select books for the school library:

Adventuring With Books; a reading list for elementary schools. National Council of Teachers of English, 211 West Sixty-eighth St., Chicago 21, Ill. 1950.

Basic book collections: For elementary grades; for junior high schools; and for high schools. American Library Association, 50 East Huron St., Chicago 11, Ill. 1950.

Book posters, promotional material. Children's Book Council, 62 West Forty-fifth St., New York 19, N. Y.

Boys' Own List of Favorite Books. Secondary Education Board, Milton 89, Mass. 1940.

Catalog 1951–52. Kansas State Reading Circle, 315 West Tenth St., Topeka, Kans.

Character Formation Through Books. Catholic University of America Press, Washington, D. C. (New edition in press.)

Children's Catalog. H. W. Wilson Co., New York, N. Y. (New edition in press.)

400 Books for Boys' Club Libraries. Boys' Clubs of America, 381 Fourth Ave., New York 16, N. Y. 1946.

Gateways to Readable Books, by Ruth Strang and others. H. W. Wilson Co., New York, N. Y. (New edition in preparation.)

Good Books for Boys, 1951. Boy Scouts of America, 2 Park Ave., New York 16, N.Y.

Reading Ladders for Human Relations. National Council of Teachers of English, 211 West Sixty-eighth St., Chicago 21, Ill. 1947.

Stories; a list of stories to tell and to read aloud. New York Public Library. 1949.

Stories to Tell to Children. Carnegie Library of Pittsburgh. 1949.

Standard Catalog for High School Libraries. H. W. Wilson Co., New York, N. Y. 1947.

Train and Engine Books for Children. Association of American Railroads, Washington, D. C. 1951.

Treasure for the Taking, by Anne Thaxter Eaton. Viking Press, New York, N. Y. 1946.

We Build Together (revised edition). National Council of Teachers of English, 211 West Sixty-eighth St., Chicago 21, Ill. 1941.

Reprints in about 6 weeks

MCH AND CC

(Continued from page 104)

child-health and crippled children's services. This flexibility should provide for each individual the training and experience he needs for his particular type of job, and for teams of workers in specific programs, such as those dealing with cerebral palsy, rheumatic fever, and prematurity. The opportunity for joint training will increase their understanding of each other's jobs and multiply their effectiveness as a team. To make this training count, health administrators need to be oriented sufficiently in the content of programs to assist the individuals and the team in the effective implementation of their new skills and insights.

Children's bureau will help and advise

Second only to a satisfactory program of recruitment and training is the research necessary to obtain new facts on which new or modified programs can be based, and to evaluate the progress, quality, effectiveness, and cost of on-going work. Increasingly State agencies are becoming interested in studying and evaluating their own programs. This type of research calls for technical skills, new methods, and careful preliminary planning of projects with a view to later evaluation. It should include not only studies of the effectiveness of programs, of administrative and of medical and social techniques, but evaluation of expenditures for programs in terms of gains in health and well-being of children. I recognize that it is difficult to devise scientific methods by which the effectiveness of public-health and welfare measures can be tested or judged, but I believe the States have an obligation to one another to show as far as possible what is productive and what is unproductive in the way they work. Within its resources the Children's Bureau stands ready to assist and to advise on ways and means of making such evaluations.

FOSTER-FAMILY CARE

(Continued from page 108)

it possible for Benjy and Harold to spend many week ends together in each other's foster homes. They go away to camp together in the summer.

Leonard's emotional confusion about being away from his parents has become intensified during his adolescence. He has become more and more indifferent to his foster parents' interest in him. This, the worker reminds them, is partly the adolescent's struggle for independence and partly the old conflict between his loyalty to them and to his own parents.

What is the answer?

Does our kind of service — foster-family care — intensify the conflicts of children such as these? Would they be better off in an institution? We have asked ourselves this question many times, examining the value of our service to Leonard, Harold, and Benjy. Our decision to continue family care was always based on our belief that the flow of what they have gained from living in family homes would be interrupted by placing them in an institution.

The two situations I have described do not, naturally, represent all the types of situations we deal with. Yet they do show how greatly individuals differ in their capacity to become good fathers and mothers under difficult circumstances. The agency has learned from its experience that as we make case work available to a troubled parent, we find out the depth of that parent's desire to have good relations with the children and his power to develop these relations.

Our specific aims are different, to be sure, for each boy and girl we place in a foster-family home. But our general aim is the same for all — to give them an opportunity to develop normally, to become their best selves in spite of a damaging experience at the start.

Reprints in about 6 weeks

IN THE NEWS

Accidents continue to kill more children past infancy than any other cause. It is true that the death rate from this cause declined slightly between 1939 and 1949, the latest year for which figures are available. The decrease was from 37 to 32 deaths per 100,000 children in the age group 1-19. But the rate did not decline in all age groups; it increased from 45 to 47 among boys and girls 15-19 years of age. Among children 5-14 years of age the rate decreased from 28 to 23; among those 1-4, from 52 to 38.

Handicapped children. A year's student of the qualifications and preparation of teachers of the Nation's nearly 5,000,000 school-age exceptional children will soon be begun by the Office of Education, Federal Security Agency. The study has been made possible through a grant of $25,500 from the Association for the Aid of Crippled Children (New York State). Progress reports and publications presenting study findings will be issued from time to time during the year.

Mental health. The National Association for Mental Health has announced an award of $1,000 for the best report on clinical research that will advance our knowledge and understanding of adolescents and of the ways in which we can help them in their social and emotional adjustment. Further information may be had from the Association, 1790 Broadway, New York 19, N. Y.

Insurance benefits. Three out of four mothers and children in the United States are now protected by Old-Age and Survivors Insurance and would receive monthly payments if the wage-earner in the family died. These benefits to survivors are one part of the Federal social security system. This particular insurance protection now has a face value of $200 billion.

The extent of this insurance is a good index to the Nation's progress in protecting families against loss of income caused by old age or death of the family breadwinner. It is important not only to those whose work is covered by the law, but to all of us—for the security of each must concern us all.

The value of this insurance to the average family is great. In case of the wage-earner's death the typical family finds that Old-Age and Survivors Insurance has a greater cash value than all other assets. Monthly payments to a family, totaled over a period of years, may be as much as $25,000 or even more, and there are many thousands of families whose total benefits will be more than $10,000.

Sixty-two million workers are now insured under the program. People of all ages are receiving the insurance payments. In 1951 young widows and their children received $360 million.

Head, hands, health, heart. The Post Office Department has issued a special commemorative 3-cent stamp honoring the 4–H Club movement. The stamp, which is green, shows a farm picture; a teen-age boy and girl; the four-leaf clover symbol of 4-H; and the club's motto, "Make the Best Better."

The stamp went on sale January 15 at Springfield, Ohio, because Ohio is observing the fiftieth anniversary of the organization in that city of its first rural boys' and girls' agricultural club, on January 15, 1902. This was one of several similar undertakings in a number of States, which grew later into what is now known as 4 H Club work.

Under the provisions of the Smith-Lever and other acts of Congress, 4-H Club work is a part of the cooperative extension system in which the U. S. Department of Agriculture, the land-grant colleges, and the agricultural counties cooperate.

India. UNICEF has provided $525,000 for 150 medical units, which will serve as mobile child-welfare and maternity-health centers in villages in India.

Illustrations:

Cover, Esther Bubley for Young America Magazine.

Pages 98, 99, and 101, courtesy of the author.

Page 108, courtesy of Day Camp Unit of the Division of Day Care and Foster Homes of the New York City Department of Health.

To Our Readers—

We welcome comments and suggestions about **The Child.**

FOR YOUR BOOKSHELF

UNDERSTANDING YOUR SON'S ADOLESCENCE. By J. Roswell Gallagher, M.D. Little, Brown and Co., Boston, Mass. 1951. 212 pp. $3.

When I was a high-school student, my algebra teacher, a true philosopher, once remarked that common sense is the scarcest thing in the world. Through the years I have had occasion to remember this (although little of the algebra), and the words of the teacher return to mind as I review Dr. Gallagher's chapters.

Here, indeed, is rare common sense. Wisely, Dr. Gallagher limits himself to a discussion of a few fundamental principles relating to the physical, emotional, and behavior problems that arise in the adolescent boy off to school.

In an engaging manner he illustrates his subjects from various angles so that a clear-cut picture of the problem at hand is obtained, with a welcome economy of words.

Again and again he is able to summarize his topic in a few words. In the chapter, "There Is No Average Boy," he says, "No one ever did adolescents a greater disservice than the person who initiated the idea that there is an average weight, or height, or grade level in school for any age, or that there is an average age at which boys should take responsibility, drive cars, stay out late, or shave. He has burdened the adolescent boy with unnecessary worry. The fact is that wide ranges exist in all these matters in perfectly normal boys." This kind of forthright expression appears throughout the book.

The book is meant for lay reading, but it will also be useful to professional workers who deal with adolescents. Such chapters as "They're Trying to Grow Up," "Sex Is Necessary," and "Why They Misbehave," will appeal to the professional reader.

Robert W. Culbert, M.D.

JUVENILE COURT LAWS IN FOREIGN COUNTRIES. By Anna Kalet Smith. Federal Security Agency, Children's Bureau Publication No. 328, Revised. Washington, 1951. 76 pp. 25 cents. Superintendent of Documents, Government Printing Office, Washington 25, D. C. Single copies available from the Children's Bureau without charge.

In this revision, recent changes in the laws have been incorporated in the chapters on a number of countries, among them Czechoslovakia, Germany, Great Britain, Hungary, and Yugoslavia. Laws of two countries, Egypt and Federation of Malaya, not represented in the first edition, have been added.

PERSONNEL IN PUBLIC CHILD-WELFARE PROGRAMS, 1950. Children's Bureau Statistical Series No. 7. Federal Security Agency, Social Security Administration, Children's Bureau. Washington, 1951. Processed. 15 pp. Single copies free.

An increase of 8 percent over the previous fiscal year in the number of full-time professional employees in public child-welfare programs is reported in this bulletin. Figures are given on number and location of these employees, types of positions held, staff turnover, service loads, salaries, and source of funds from which salaries are paid.

More full-time professional child-welfare employees were paid from State and local funds in 1950 than in 1949, according to the bulletin. In 1950 more Federal funds were used for educational leave, for professional conferences and institutes, and for special State services and projects designed to strengthen and extend services for children.

A steady upward trend took place in the number of public child-welfare workers over the past 5 years; this was due partly to an increase in 1946 of about $2,000,000 annually in the Federal appropriation for such services under title V, part 3, of the Social Security Act. The study does not reflect further increased funds made available under the August 1950 amendments to the Social Security Act.

The more than 4,100 full-time professional child-welfare employees of State and local agencies provide services to children in their own homes who have emotional problems or who are neglected, abused, or in danger of becoming delinquent, children who are being adopted, children who require foster care because they cannot remain in their own homes, and unmarried mothers and their babies.

CALENDAR

(Continued from page 112)

Regional conferences, Child Welfare League of America:

Apr. 27–29. Southwest Region. Austin, Tex.

May 1–3. South Pacific Region. Long Beach, Calif.

June 9–10. New England Region. Poland Springs, Me.

Sept. 25–27. Midwest Region. Des Moines, Iowa.

Regional meetings, American Public Health Association:

Apr. 17–19. Southern Branch. Baltimore, Md.

June 3–6. Western Branch. Denver, Colo.

Regional conference, American Public Welfare Association:

Apr. 6–8. Central Region. St. Louis, Mo.

THE CHILD

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In This Issue

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CALENDAR

Apr. 7. World Health Day.

Apr. 7–10. American Association for Health, Physical Education, and Recreation (a department of the National Education Association). Fifty-seventh annual convention. Los Angeles, Calif.

Apr. 14–18. Association for Childhood Education International. Annual study conference. Philadelphia, Pa.

Apr. 15–19. American Camping Association. Twenty-second national convention. Chicago, Ill.

Apr. 17–19. Girls Clubs of America, Inc. Seventh annual conference. New York, N. Y.

Apr. 17–20. American Heart Association. Twenty-eighth annual meeting and twenty-fifth scientific session. Cleveland, Ohio.

Apr. 18–19. American Academy of Political and Social Science. Fifty-sixth annual meeting. Philadelphia, Pa.

Apr. 20–26. National YWCA Week. Fifth annual observance. Information from National Board, Young Women's Christian Association, 600 Lexington Avenue, New York 22, N. Y.

Apr. 21–23. Fifteenth Annual Groves Conference on Marriage and the Family. Durham, N. C. Sponsored by North Carolina College and the University of North Carolina. (Formerly held in two sections, one at Chapel Hill and the other at Durham.)

Apr. 23. Social Hygiene Day. Information from the American Social Hygiene Association, 1700 Broadway, New York 19, N. Y.

Apr. 25–26. American Association for Cleft Palate Rehabilitation. Tenth annual meeting. St. Louis, Mo.

Apr. 26–May 3. Boys and Girls Week. Information from Rotary International, 35 East Wacker Drive, Chicago 1, Ill.

Apr. 30–May 3. International Council for Exceptional Children. Thirtieth annual meeting. Omaha, Nebr.

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